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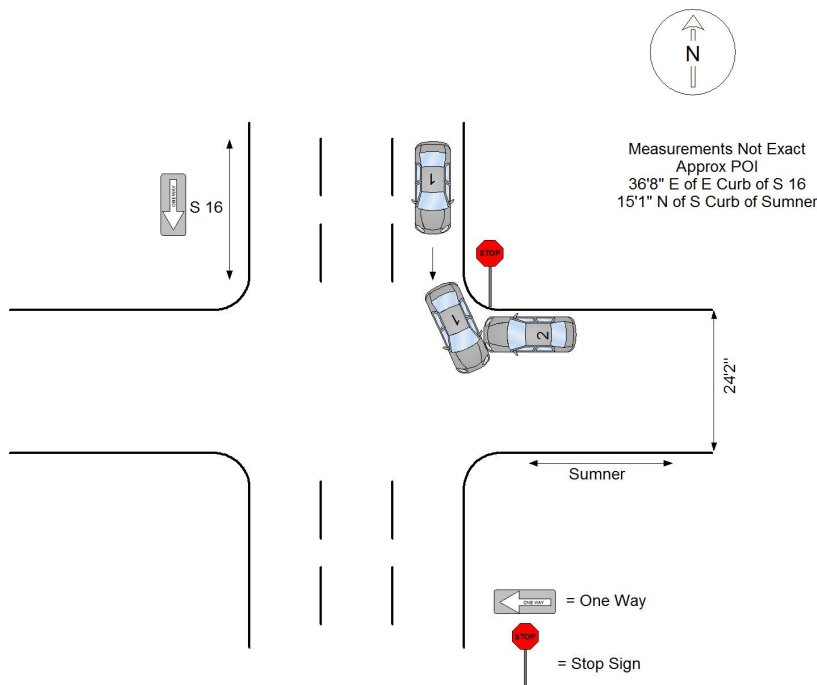
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 094	Agency Case No. B5-085991	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT 1557	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1559	09/17/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 16		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	36.80			X	S 16	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13048882		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER ASHLEY R WATSON		PHONE 402-601-1519	LOCAL NO.		
V2/N	DRIVER ADDRESS 1313 SUMNER ST, LINCOLN, NE 68502		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/16/1985	
5	OWNER ASHLEY WATSON		PHONE 402-601-1519	LOCAL NO.		
G	OWNER ADDRESS 1313 Sumner St, Lincoln, NE 68502		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB48424	
H	LICENSE PLATE PA NO.	TWB029		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1994	MAKE Ford	MODEL Explorer	BODY STYLE Compact Utility	COLOR white
2	VEHICLE ID NO. (VIN)	1FMDU34X1RUB81528		INSURANCE COMPANY	Allstar	
V2/O	TOWED TO	TOWED BY		POLICY NO.	274600940	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12990055		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER BREANN S SNYDER		PHONE 402-417-4491	LOCAL NO.		
V2/P	DRIVER ADDRESS 1835 S 14TH ST, LINCOLN, NE 68502		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/04/1991	
1	OWNER TERESA OAKMAN		PHONE 402-417-4491	LOCAL NO.		
J	OWNER ADDRESS 1603 Sumner, Lincoln, NE 68502		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE PA NO.	TVY402		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR 2005	MAKE Dodge	MODEL Neon	BODY STYLE 2 door Sedan	COLOR silver / chrome
3	VEHICLE ID NO. (VIN)	1B3ES56C75D104291		INSURANCE COMPANY	American Standard	
K	TOWED TO	TOWED BY		POLICY NO.	2509580001	
01						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Veh 1 was SB on S 16 (one way) at approx. 10 mph in the east lane approaching Sumner. Veh 2 was stopped at a stop sign at the intersection of 16/Sumner on the east side. Veh 1 driver stated that she was learning to drive and attempted to turn EB onto Sumner when she struck veh 2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	2	VEH 2	2		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2								Driver No. 1	Driver No. 2	Pedestrian			
1		X			S 16	POINT OF IMPACT	08	POINT OF IMPACT	08	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				Y	Y	Y			
2				X	Sumner	MOST DAMAGED AREA	08	MOST DAMAGED AREA	08	VEHICLE 2		VEHICLE 2		BAC LEVEL		N	X	N			
1	06	06 Turning left 07 Making U-turn				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				VEHICLE 2		VEHICLE 2		ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2				
2	11	08 Entering traffic lane								VEHICLE 2		VEHICLE 2		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		1	1				
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right						09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown															
OFFICER NO. 1503						TROOP/TEAM/BEAT 4				DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
INVESTIGATOR NAME (Print or Type) David Nelson										INVESTIGATOR SIGNATURE Approved by Officer David Nelson										DATE OF REPORT 09/17/2015	